PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. National Association of Convenience Stores Political Action Committee 1600 Duke Street ADDRESS (number and street) (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nacspac@nacsonline.com (Check if address is changed) Optional Second E-Mail Address rlittle@nacsonline.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2013 C00126763 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mr. Lyle Beckwith Type or Print Name of Treasurer Mr. Lyle Beckwith [Electronically Filed] 01 29 2013 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1 (Revised 06/2012)

| Office | | | For further information contact: |
|--------|--|--|----------------------------------|
| Use | | | Federal Election Commission |
| | | | Toll Free 800-424-9530 |
| Only | | | Local 202-694-1100 |

| F | EC Fo | rm 1 (Revised 02/2009) | Page 2 |
|---------------|---------------------|--|--|
| | | COMMITTEE | |
| Can | didate | e Committee: | |
| (a) | Ш | This committee is a principal campaign committee. (Complete the candidate information below. |) |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.) | nplete the candidate |
| Name Cand | | | |
| Cand Party | lidate Affiliati | Office Sought: House Senate President | State |
| (c) | П | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| Name Cand | | | |
| Part | v Con | nmittee: | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | tical A | action Committee (PAC): | |
| (e) | \times | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nnected organization is a: |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization X Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee) | egregated fund or party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | t Func | draising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate. | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| | Com | umittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | FEC ID number | |

| Image# 13960529019 | | |
|---|---|--------------------|
| Γ | | |
| FEC Form 1 (Revised (| | Page 3 |
| Write or Type Committee Name | | |
| National Associa | ation of Convenience Stores Political Action C | ommittee |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership | PAC Sponsor |
| National Association o | f Convenience Stores | |
| | | |
| Mailing Address | 1600 Duke Street | |
| | | |
| | Alexandria VA 22314 | |
| | CITY STATE ZIF | CODE |
| Relationship: X Connected | d Organization Affiliated Committee Joint Fundraising Representative Leader | rship PAC Sponsor |
| Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and position of the person in posses | ssion of committee |
| Mrs. Robir | n Oxford Little | |
| Full Name | | |
| Mailing Address | 1600 Duke St | |

703 518 4290 Telephone number Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Mr. Lyle Beckwith of Treasurer 1600 Duke Street Mailing Address 22314 Alexandria CITY STATE ZIP CODE Title or Position Lobbyist 703 684 3600 Telephone number

CITY

Alexandria

Title or Position

22305

ZIP CODE

 VA

STATE

| FEC Form 1 (Re | evised 02/2009) | | Page 4 |
|--|--|----------|---------------|
| | | | |
| Full Name of | | | |
| Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| | | | l I-I |
| | CITY | STATE | ZIP CODE |
| Title or Position | | | |
| | Telephone | e number | |
| | | | |
| safety deposit boxes or Name of Bank, Deposit | | | |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. ory, etc. | | |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. ory, etc. ain Bridge Bank | | |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. ory, etc. ain Bridge Bank | VA | 22101 |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. ory, etc. ain Bridge Bank 1445-A Laughlin Avenue | VA J | 22101 |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. ory, etc. ain Bridge Bank 1445-A Laughlin Avenue McLean CITY | VA | |
| safety deposit boxes or Name of Bank, Deposit Cha Mailing Address Name of Bank, Deposit | maintains funds. ory, etc. ain Bridge Bank 1445-A Laughlin Avenue McLean CITY | VA | |
| safety deposit boxes or Name of Bank, Deposit Cha Mailing Address Name of Bank, Deposit | maintains funds. ory, etc. ain Bridge Bank 1445-A Laughlin Avenue McLean CITY ory, etc. | VA | |
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| safety deposit boxes or Name of Bank, Deposit Cha Mailing Address Name of Bank, Deposit | maintains funds. ory, etc. ain Bridge Bank 1445-A Laughlin Avenue McLean CITY Ory, etc. | VA | |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. ı ŞUNTRUŞT Money Market Mailing Address 22314 Alexandria CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Joint Fundraising Representative Leadership PAC Sponsor Connected Organization Affiliated Committee [ADDITIONAL] **Designated Agent** Mrs. Robin Oxford Little Full Name 1600 Duke St Mailing Address Alexandria VA 22305 Title or Position CITY # **STATE** ZIP CODE 703 518 Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number